



Folgen der Corona-
Beschränkungen für
Krebstherapie und
Survivorship

Anxiety and depression in cancer patients and survivors during the COVID-19 pandemic

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Research for a Life without Cancer

Background

- Global impact of the COVID-19 pandemic on health care, including oncology
 - Reduction of cancer screening programs
 - Change of treatment pathways to prevent treatment in intensive care units
 - Patients were more reluctant to seek healthcare services
 - Recommendation of telemedicine or telephone consultations
- Potential stressors for mental health during the pandemic
 - Changes in oncological care
 - Enduring restrictions in social life, loneliness
 - Financial problems, unemployment



Study questions



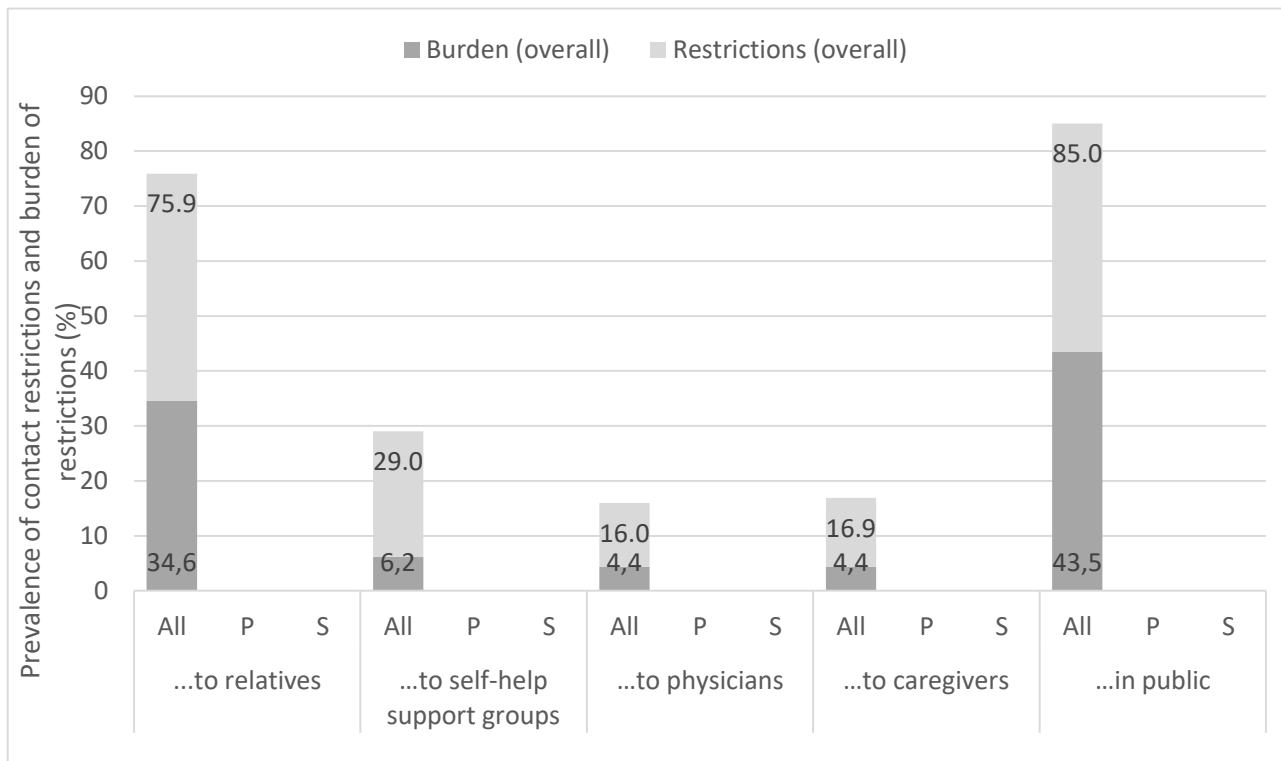
- Prevalence of anxiety and depression in cancer patients and survivors one year after the beginning of the COVID-19 pandemic?
- Differences in anxiety and depression between cancer patients and survivors with and without changes in active oncological treatment?
- Risk and protective factors for anxiety and depression in cancer patients and survivors during the COVID-19 pandemic?

→ CroKuS study



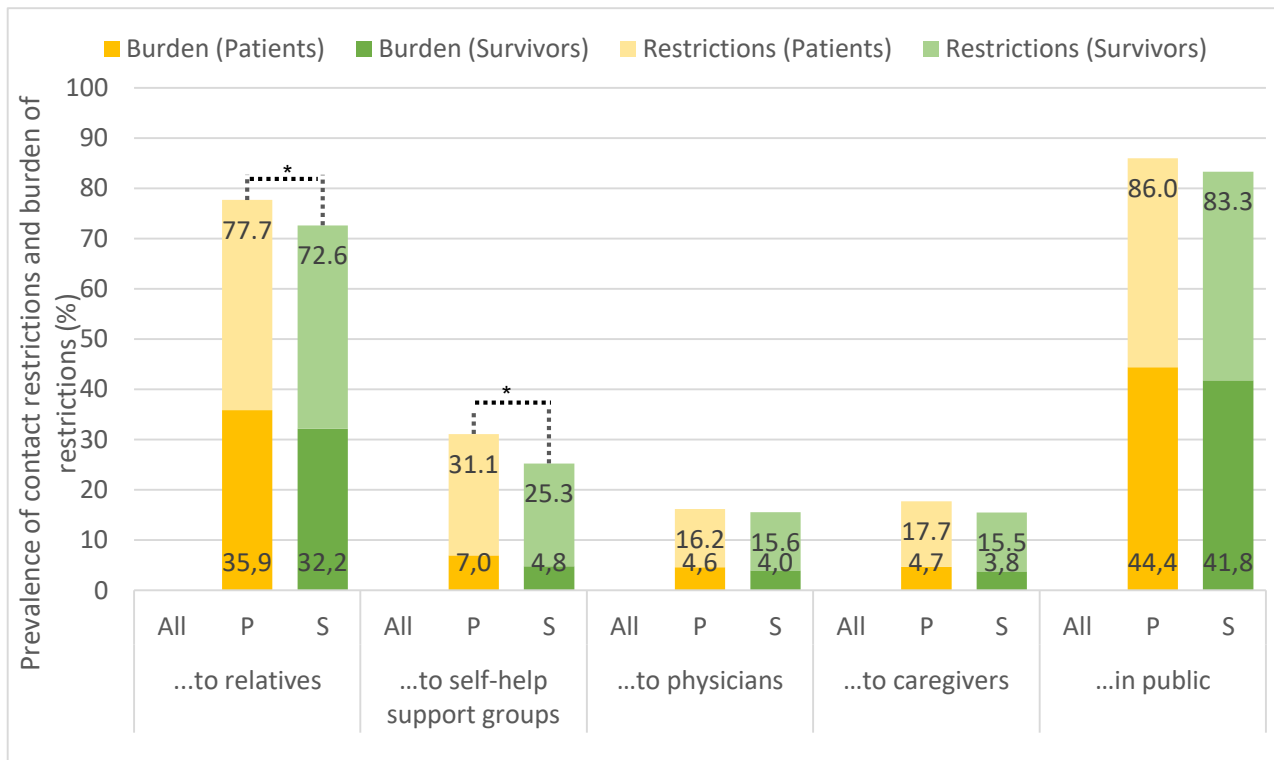
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Contact restrictions at the time of the survey



Feeling “burdened” by contact restrictions includes the answers “very much” and “quite a bit” (compared to “partially”, “rather not”, and “not at all”).

Contact restrictions at the time of the survey



Patients: Cancer patients diagnosed between 07/2019 and 06/2020; Survivors: Cancer survivors diagnosed between 01/2015 and 06/2019. Feeling “burdened” by contact restrictions includes the answers “very much” and “quite a bit” (compared to “partially”, “rather not”, and “not at all”).

Anxiety and depression



HADS (Hospital Anxiety and Depression scale):

- Self-report
- Sum scores between 0 and 21 for each subscale
- Higher scores reflect higher burden
 - ≥ 8 : “suspicious” cases
 - ≥ 11 : clinically significant cases

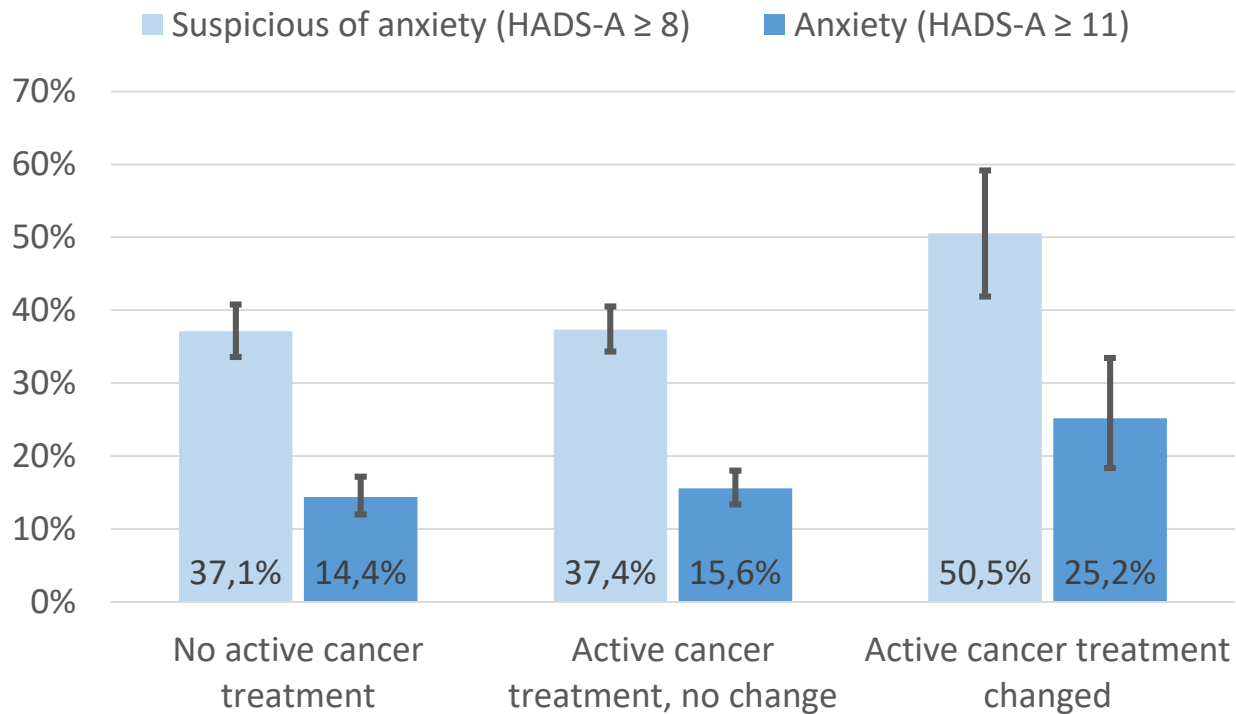
- Example item for anxiety:

		Worrying thoughts go through my mind:
	3	A great deal of the time
	2	A lot of the time
	1	From time to time, but not too often
	0	Only occasionally

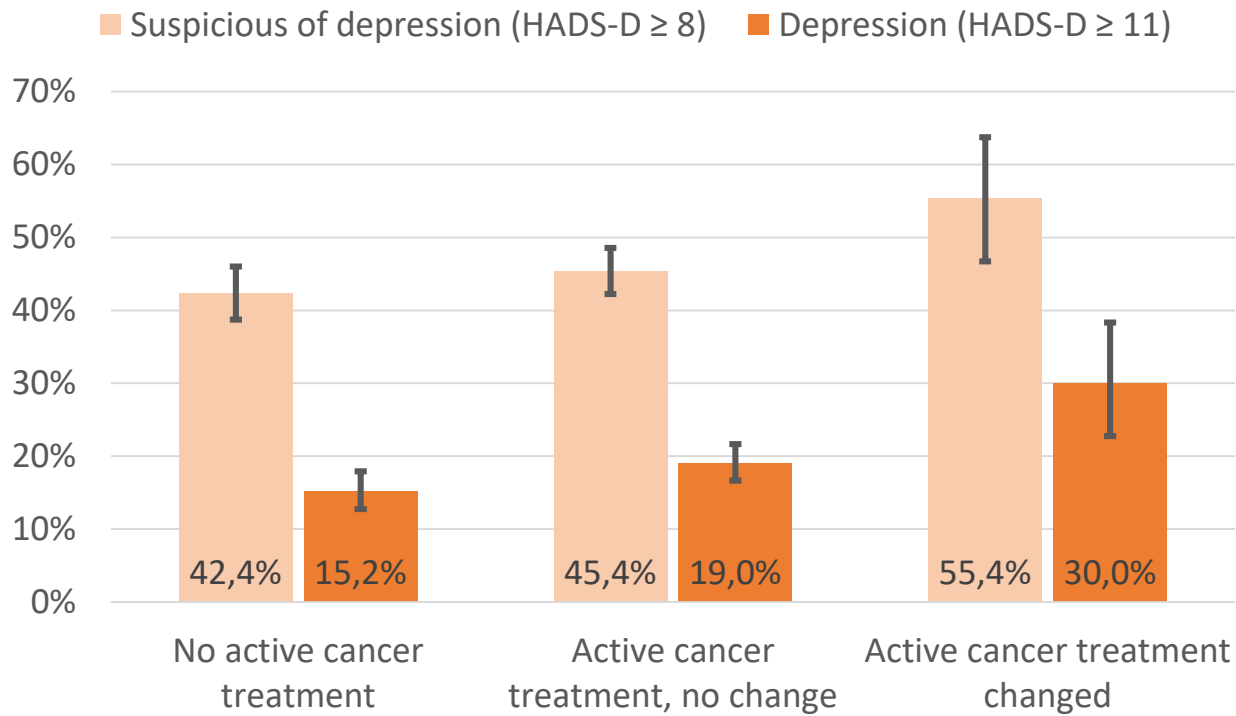
- Example item for depression:

		I look forward with enjoyment to things:
	0	As much as I ever did
	1	Rather less than I used to
	2	Definitely less than I used to
	3	Hardly at all

Anxiety

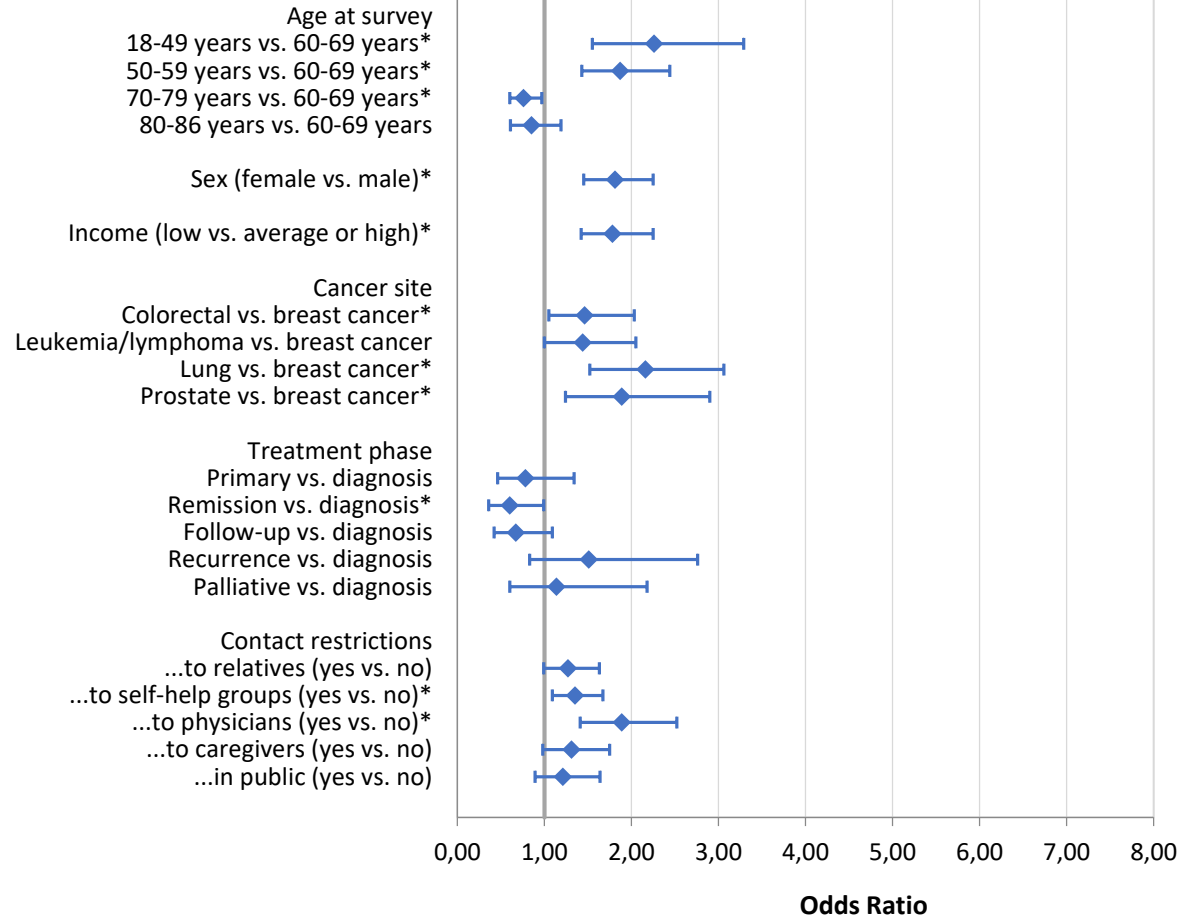


Depression



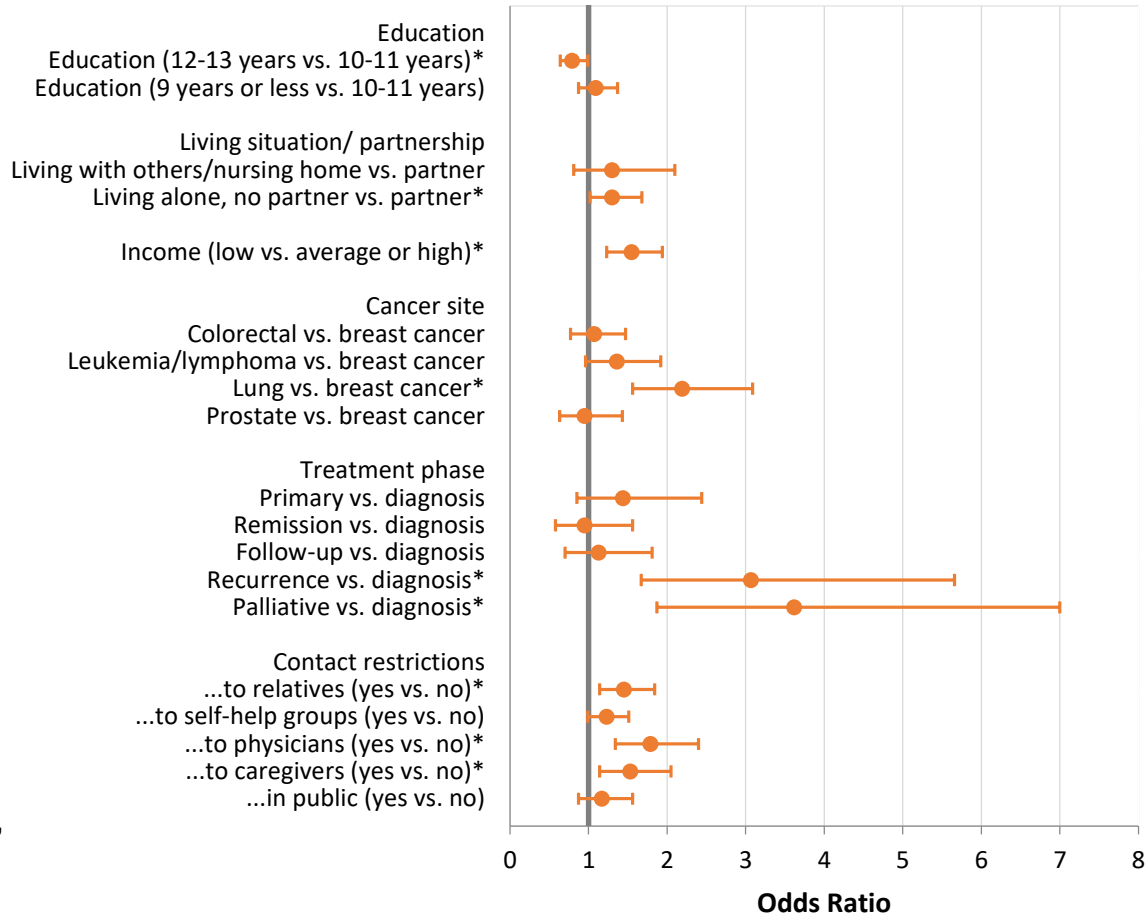
Predictors of anxiety (HADS-A ≥ 8)

Non-significant factors:
Treatment change,
employment, education,
living situation, stage,
patient vs. survivor,
previous own COVID-19
infection, BMI



Predictors of depression (HADS-D ≥ 8)

Non-significant factors:
 Treatment change, age at survey, sex, employment, stage, patient vs. survivor, previous own COVID-19 infection, BMI



Summary and discussion

- High rates of contact restrictions even at time of survey (*after* main lockdowns)
- Patients reported more contact restrictions than survivors
 - Self-isolation during treatment? No hospital visits during the first waves of the pandemic?
- High levels of anxiety and depression among those with changes of active treatment, even after adjustment for clinical factors
 - Restriction of contact to physicians explains this relationship
- Further risk factors for anxiety: age <60 years, female sex, low income, colorectal, lung or prostate cancer, contact restrictions to self-help groups and physicians
 - Protective: being in remission
- Further risk factors for depression: living alone, low income, lung cancer, recurrence or palliative treatment, and contact restrictions to relatives, physicians and caregivers
 - Protective: higher education

Strengths and limitations



Limitations

- Cross-sectional study
 - Mentally instable patients might have changed treatments on their own initiative
- Low response rate
 - Cancer patients/ survivors with lower income or financial problems might be underrepresented
 - Those who like to „complain“ about changes in oncological care might be overrepresented (however, number of changes comparable to other studies)
- Retrospective assessment
 - Recall bias



Strengths:

- Large, population-based sample, heterogeneity in terms of tumor types, stages, sex, age, education

Conclusions

- Health management in times of crisis should balance the physical and psychological consequences against the benefits of reducing the numbers of infections
- Mental well-being of cancer patients and survivors at risk should be monitored



- Future ideas:
 - Differences according to age, stage, tumor site
 - Financial problems due to COVID-19
 - Characteristics of resilient cancer survivors



Thank you 😊

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